

# **Franklin Together Coalition Involvement Agreement (CIA)**

## **Our Vision**

Our vision is for all formerly incarcerated individuals to successfully reintegrate into the community and remain free.

## **Our Mission**

The mission of Franklin Together is to develop strong collaborative community and professional partnerships that will empower and support formerly incarcerated individuals and their families to reduce recidivism and encourage them to become contributing members of the community.

This agreement between *Franklin Together* and \_\_\_\_\_ shall be from *the Franklin Together Representative's Signature Date* until terminated by a mutual accord or by failure of the partner to abide by this agreement. This agreement will be reevaluated by both parties on a yearly basis.

Franklin Together is governed by the Franklin Together Executive Committee.

Franklin Together is responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Increasing new membership of the coalition.
4. Creating and following a Strategic Action Plan.
5. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
6. Respecting the rights of *Franklin Together* members to hold their own opinions and beliefs.

The Coalition Partner will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the partner organization and the coalition.
3. Acting as a positive role model for other organizations and families in our community.
4. Supporting the coalition's vision and mission.
5. Attending coalition meetings which are held on a bi-monthly basis.
6. Serving on at least one Task Group.
7. Attending coalition sponsored trainings, town hall meetings, and other community events, as appropriate.

- 8. Contributing to the strategic action planning process.
- 9. Participating in sustaining the coalition's capacity, involvement, and goals.
- 10. Using organization activities as match, if applicable.

\_\_\_\_\_  
Franklin Together Representative's Name

\_\_\_\_\_  
Partner Representative's Name

\_\_\_\_\_  
Franklin Together Representative's Signature

\_\_\_\_\_  
Partner Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to review.